## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit:

Applicant:

Pereverzev

Serial No:

Filing Date:

herewith

Title: INERTIA CATCH FOR A VEHICLE LATCH

### **INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This statement and Form PTO-1449 are submitted pursuant to the provisions of 37 CFR 1.97 and 1.98(a) as a means of complying with the requirements of 37 CFR 1.56 with respect to the above-captioned patent application.

If the Examiner has any questions regarding this Information Disclosure Statement or patent application, the Examiner is invited to contact the undersigned.

Respectfully submitted,

Robin W. Asher

Registration No, 41,590

CLARK HILL PLC

500 Woodward Avenue, Ste., 3500

Detroit, MI 48226-3435

313-965-8300

Dated: January 26, 2005

Attorney Docket No: 19339-100309

| TRA             | TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  (Under 37 CTX 1.97(b) or 1.97(c))  DT01 Rec'd PCT/P129-100309 JAN 2005                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                   |              |                |                  |  |  |  |  |  |
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| In Re A         | In Re Application Of: Pereverzev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                   |              |                |                  |  |  |  |  |  |
| Application No. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Filing Date           | Examiner                                                                          | Customer No. | Group Art Unit | Confirmation No. |  |  |  |  |  |
| Title           | INEDTIAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | herewith              | CLETATCH                                                                          |              |                |                  |  |  |  |  |  |
| ritie:          | Title: INERTIA CATCH FOR A VEHICLE LATCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                   |              |                |                  |  |  |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | Address to:<br>Commissioner for Paten<br>P.O. Box 1450<br>Alexandria, VA 22313-14 |              |                |                  |  |  |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | 37 CFR 1.97(b)                                                                    |              |                |                  |  |  |  |  |  |
| 1. 🗵            | 1. A The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. |                       |                                                                                   |              |                |                  |  |  |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | 37 CFR 1.97(c)                                                                    |              |                |                  |  |  |  |  |  |
| 2. 🗆            | 2.   The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:                                                                                                                                  |                       |                                                                                   |              |                |                  |  |  |  |  |  |
|                 | ☐ the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | statement specified i | n 37 CFR 1.97(e);                                                                 |              |                |                  |  |  |  |  |  |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | OR:                                                                               |              |                |                  |  |  |  |  |  |
|                 | ☐ the fee set forth in 37 CFR 1.17(p).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |              |                |                  |  |  |  |  |  |
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| TRANSMITT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AL OF INFORM<br>(Under 37 C                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                                                                       | TEMENT DTO                                                                                                                                                                                                              | 10 P                                                                                                                                                               | cket Das 0 7<br>9-100309                             |
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| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Filing Date                                                                                                                                                                                                                                                                                                                                                                     | Examine                                                                                                                                      | er                                                                                    | Customer No.                                                                                                                                                                                                            | Group Art Unit                                                                                                                                                     | Confirmation No.                                     |
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| Title: INERTIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CATCH FOR A VEH                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                       |                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                      |
| ☐ The Director as describer ☐ Ch☐ Cred☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ ☐ Ch☐ Ch☐ Ch☐ Ch☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the amount of or is hereby authorized below.  arge the amount of edit any overpayment arge any additional for y credit card. Form P                                                                                                                                                                                                                                             | is attaced to charge and creed to charge and creed.  t. ee required.                                                                         | ched.<br>edit Deposit a                                                               | Account No.                                                                                                                                                                                                             |                                                                                                                                                                    | 1 not he                                             |
| Certific  I certify that this account is beir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ate of Transmission be document and authoriza g facsimile transmitted emark Office (Fax. No.                                                                                                                                                                                                                                                                                    | y Facsimile*                                                                                                                                 | I hereby c<br>with the U<br>as first<br>"Commissi                                     | rtificate of Mail<br>certify that this co-<br>nited States Posta<br>class mail in                                                                                                                                       | rrespondence is bei<br>al Service with suffi-<br>an envelope ac<br>P.O. Box 1450, Ale                                                                              | ing deposited cient postage ddressed to              |
| 5,879,254                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                       | Signature of Per                                                                                                                                                                                                        | rson Mailing Correspo                                                                                                                                              | ondence                                              |
| Typed or I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Printed Name of Person Sig                                                                                                                                                                                                                                                                                                                                                      | ning Certificate                                                                                                                             | Турс                                                                                  | ed or Printed Name                                                                                                                                                                                                      | of Person Mailing Co                                                                                                                                               | ertificate                                           |
| *This certific<br>deposit accordance  Robin W. Asher, Rec<br>Clark Hill PLC<br>500 Woodward Ave<br>Detroit, MI 48226-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature eg. No. 41,590 nue, Suite 3500                                                                                                                                                                                                                                                                                                                                        | if paying by                                                                                                                                 | Dated:                                                                                | January 26, 200                                                                                                                                                                                                         | 05                                                                                                                                                                 |                                                      |
| as describes Ch Cre Ch Payment by WARNING included of Certific  I certify that this account is bein Patent and Trade  (Date)  *This certific deposit accounts account accounts accounts accounts accounts account accounts account accounts accounts accounts account accounts accounts account accounts accounts account accounts accounts account accounts accounts accounts account accounts accounts account account accounts accounts account accounts account accounts account account accounts account account account account account accounts account | arge the amount of edit any overpayment arge any additional for credit card. Form Provided the form on this form. Provided the form of the transmission be document and authorizate of Transmission be document and authorizate for form of the transmitted the emark Office (Fax. No.)  Signature  Printed Name of Person Signature  Signature  2. No. 41,590  nue, Suite 3500 | t. ee required. TO-2038 is attache s form may becon e credit card inform y Facsimile*  tion to charge deposit to the United States 5,598,913 | red.  ne public. Comation and  Cel  I hereby cowith the U as first "Commiss 22313-145 | redit card info<br>authorization<br>rtificate of Mail<br>retificate of Mail<br>retify that this co-<br>late of States Posta<br>class mail in<br>ioner for Patents,<br>60" [37 CFR 1.8(a)]<br>(Date)<br>Signature of Per | on PTO-2038.  ling by First Class rrespondence is bei al Service with suffi an envelope ac P.O. Box 1450, Ale on  rson Mailing Correspondence of Person Mailing Co | ing deposited cient postage ddressed to exandria, VA |

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19339-100309

herewith

APPLICANT(S)



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GROUP ART UNIT

| U.S. PATENT DOCUMENTS |                                      |                      |                            |                      |            |                            |                   |                   |             |                            |  |
|-----------------------|--------------------------------------|----------------------|----------------------------|----------------------|------------|----------------------------|-------------------|-------------------|-------------|----------------------------|--|
| *EXAMINER             | DOCUMENT NUMBER DA                   |                      |                            | DATE                 |            | NAME                       | CLASS             | SUBCLASS          | FILING DATI |                            |  |
|                       |                                      | 2,864                | 1,641                      | 12/16/1958           | Leslie     |                            |                   |                   |             |                            |  |
|                       |                                      | 3,104                | 1,124                      | 09/17/1963           | Beck       |                            |                   |                   |             |                            |  |
|                       |                                      | 3,453                | 3,015                      | 07/01/1969           | Miller     |                            |                   |                   |             |                            |  |
|                       |                                      | 3,583                | 3,741                      | 06/08/1971           | Breitschw  | verdt et al.               |                   |                   |             |                            |  |
|                       |                                      | 3,799                | 9,596                      | 03/26/1974           | Nozomu e   | et al.                     |                   |                   |             |                            |  |
|                       | U.S. PATENT APPLICATION PUBLICATIONS |                      |                            |                      |            |                            |                   |                   |             |                            |  |
| *EXAMINER<br>INITIAL  |                                      |                      | DOCUMENT NUMBER            | DATE                 |            | NAME CLASS SUBCLASS        |                   |                   |             | FILING DATE IF APPROPRIATE |  |
|                       |                                      | 2001                 | /0015558                   | 08/23/2001           | Fisher et  | al.                        |                   |                   |             |                            |  |
|                       |                                      |                      |                            |                      |            |                            |                   |                   |             |                            |  |
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|                       |                                      | DOCUMENT NUMBER DATE |                            |                      | COUNTRY    | CLASS                      | SUBCLASS          | TRANSI<br>YES     | ATION<br>NO |                            |  |
|                       |                                      | +                    |                            | 03/12/1998           | Germany    |                            |                   |                   |             |                            |  |
| . =                   |                                      |                      |                            | 10/19/1995           |            |                            |                   |                   |             |                            |  |
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| *EXAMINE              | R: Initi                             | al if re             | ference considered, whethe | r or not citation is | in conform | nance with MPEP 609; Draw  | line through cita | ation if not in c | onformance  | and not                    |  |

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|                      |                                       | U.S                   | S. PATENT DOCUMENTS                    |                  |                                              |                            |         |
| *EXAMINER            | DOCUMENT NUMBER DATE                  |                       | NAME                                   | CLASS            | SUBCLASS                                     | FILING DAT                 |         |
|                      |                                       |                       | Ishikawa                               |                  |                                              |                            |         |
|                      | 4,422,522                             | 12/27/1983            | Slavin et al.                          |                  |                                              |                            |         |
|                      | 5,431,462                             | 07/11/1995            | Lignell                                |                  |                                              |                            |         |
|                      | 5,577,782                             | 11/26/1996            | Johnson et al.                         |                  |                                              |                            |         |
|                      | 5,584,516                             | 12/17/1996            | Cetnar                                 |                  |                                              |                            |         |
|                      |                                       | U.S. PATEN            | NT APPLICATION PUBLICATIONS            |                  |                                              |                            |         |
| *EXAMINER<br>INITIAL | DOCUMENT NUMBER                       | DATE                  | NAME                                   | CLASS            | SUBCLASS                                     | FILING DATE IF APPROPRIATE |         |
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|                      | OTHER DOCUME                          | NTS (Includin         | l<br>ng Author, Title, Date, Pertinent | <br>Pages, Etc.) | <u>.                                    </u> |                            |         |
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|                      |                                         | U.S                   | S. PATENT       | DOCUMENTS                |                 |                   |                             |         |
| *EXAMINER            | DOCUMENT NUMBER                         | DATE                  | NAME  Buschmann |                          | CLASS           | SUBCLASS          | FILING DATE  IF APPROPRIATE |         |
|                      | 5,865,481                               | 02/02/1999            |                 |                          |                 |                   |                             |         |
|                      | 6,010,164                               | 01/04/2000            | Yoda            |                          |                 |                   |                             |         |
|                      | 6,106,033                               | 08/22/2000            | Ruckert         |                          |                 |                   |                             |         |
|                      |                                         |                       |                 |                          |                 |                   |                             |         |
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considered. Include copy of this form with next communication to applicant.